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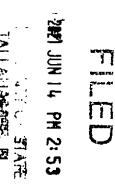
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: R	Registration Solvision of Co	ection rporations					
SUBJECT	THE NINE	FTEENTH HOLE, LLC					
•		Name of L	imited Liability Company				
		Amendment and fee(s) are so	·				
		CATHY HARBIN					
			Name of Person				
		THE NINETEENTH HO	LE, LLC				
			Firm/Company				
		6817 SOUTHPOINT PA	RKWAY, SUIȚE 2201				
			Address				
		IACKSONVILLE, FL 32	216			<u> </u>	
		cathyharbin@oncourscops	City/State and Zip Code		TALL	THE NOT LARGE	4
			(to be used for future actival report notific	acion)		Z	
For further	infermation o	oncerning this matter, please	call:				
CATHY H	ARBIN		904 669-4919		AHARIMAN, 197	PM 2:	C
	Name of	Pesson		elephone Number	一世之	53	
Enclosed is	a check for th	c following amount:					
≘ \$25.00	Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing 1 Certificate of Certified Cop (additional copy)	Stanss & Y		
<u> </u>	rijina Vqquesi	1	Street Address				

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE NINETEENTH HOLE, LI	
(Must contain the wor	rds "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office A	ddress: Mailing Address:
6817 SOUTHPOINT PARKWA	Y 6817 SOUTHPOINT PARKWAY
SUITE 2201	SUITE 2201
JACKSONVILLE, FL 32216	

RICHARD CAMP, CPA PA

Name

6817 SOUTHPOINT PARKWAY, SUITE 2201

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE

FL

32216

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2821 JUN 14 PM 2:53

"MGR" = Ma	Authorized Member	Name and Address:
MGR		CATHY HARBIN 6817 SOUTHPOINT PARKWAY, SUITE 2261 JACKSONVILLE, FL 32216
(1) ka attaahaa	nt if necessary)	
E VI: Other pro	ovisions, if any.	
REOUIRED S	GIGNATURE:	PLEASE SIGN Letty Stal 4/30/21
	This document is execut I am aware that any false	hed in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State a felony as provided for in 4.817.155, F.S.
		CATHY HARBIN Typed or printed name of signee Filing Fees: ganization and Designation of Registered Agent all) PR
		Filing Fees: ganization and Designation of Registered Agent